

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027348

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

867

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph,

Length of stay in 1b
Life

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION DOA Meth Hosp. & Med. Center

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph,

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
517 North 23rd Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First MARY

Middle ELLEN

Last PARLAND

4. DATE OF DEATH

Month July

Day 14

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 26, 1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

St. Joseph, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John F. Zeigler

13b. MOTHER'S MAIDEN NAME

Matilda Peacock

14. NAME OF HUSBAND OR WIFE

John William Parland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr. John W. Parland-St. Joseph, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute ventricular fibrillation

INTERVAL BETWEEN ONSET AND DEATH

Minutes

DUE TO (b)

Markedly enlarged heart

Years

DUE TO (c)

Arteriosclerotic Heart Disease

Years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

She was dead on arrival at hospital

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1955

to Death

and last saw her alive on Apr 8, 1963

Death occurred at

4:00 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

C.A. Potter, Jr., M.D.

22b. ADDRESS

301 Phys & Surg Bldg., St. Jos. Mo.

22c. DATE SIGNED

7-15-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 17, 1963

23c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 17, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

VS 300

Rev. 4/59

1 5/17

2 5/17

3 2

4 1

5 1

6

7 0

8 2

9 4 200

10

11

12 92-0

13 1-0

DOCUMENT

C.A. Potter, Jr., M.D.

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
-- Signature of Student Embalmer

Signed Albert B. Harrington

Licensed Embalmer No. 3298

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.